

1/10 3629#  
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 15, 2008.

Alexandra Allison  
Alexandra Allison

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : William W. Smith III, et al.  
Application No. : 09/684,010  
Filed : October 6, 2000  
Title : Online, Multi-Carrier, Multi-Service Parcel Shipping  
Management Functional Alignment of Computer Devices  
Grp./Div. : 3629  
Examiner : Plucinski, Jamisue A.  
Docket No. : PSTM0002/MRK

TRANSMITTAL LETTER

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

140 S. Lake Ave., Suite 312  
Pasadena, CA 91101  
July 15, 2008

Commissioner:

Attached are the following:

1. Fee Transmittal (in duplicate);
2. Petition for Extension of Time for one (1) month (in duplicate);
3. Check Number 2570 for the amount of \$300.00 to cover the IDS and one-month Extension fees;
4. Amendment and Response to Office Action dated March 17, 2008 (pages 1-40; in which no new claims are added, resulting in no additional claim fees);
5. Declaration by William W. Smith III under 35 U.S.C. §132 (pages 1-10);
6. Supplemental Information Disclosure Statement (pages 1-2), PTO FORM-1449 (3 pages), and 23 of the 29 References; and
7. Return Post Card


Enclosed is an Amendment and Response filed in reply to the Office Action dated March 17, 2008, regarding the above-identified application. The Office Action set



a three month period of time in which to respond, namely, until June 17, 2008. A Petition and the appropriate fee are concurrently filed herewith for an Extension of Time for one month, namely, until July 17, 2008. It is respectfully submitted that this Amendment and Response is timely filed within the one month extension period because it is filed before the expiration of July 17, 2008.

Even so, the Commissioner is hereby authorized, pursuant to 37 CFR 1.136(a)(3), to treat any concurrent or future reply or correspondence for the above-identified application, requiring a petition for an extension of time for its timely submission, as incorporating a constructive petition for extension of time for the appropriate length of time. The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17, including any required extension fees, which may be required during the **pendency** of this application, to Deposit Account No. 501574. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

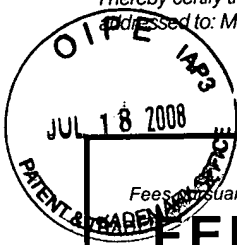
Respectfully submitted,  
KHORSANDI PATENT LAW GROUP, ALC

By   
Marilyn R. Khorsandi  
Reg. No. 45,744  
Customer No. 29524  
626/796-2856

MRK/aa  
Enclosures

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL For FY 2008</b>		Application Number	09/684,010
		Filing Date	October 6, 2000
		First Named Inventor	William W. Smith, III
		Examiner Name	Jamisia A. Plucinski
		Art Unit	3629
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PSTM0002/MRK/STM
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 300.00			

**METHOD OF PAYMENT** (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small or Large Entity		Small or Large Entity		Small or Large Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	310	155	510	255	210	105	\$0.00
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small or Large Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Small or Large Entity	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	Small or Large Entity	210
Multiple dependent claims	Small or Large Entity	370

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
12	- 31 (HP) = 0	x \$0.00	= \$00.00			
HP = highest number of total claims paid for, if greater than 20						\$0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 8 (HP) = 0	x \$0.00	= \$0.00
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 = 0	(round up to a whole number) x	\$260.00	\$ 0.00

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	
Other: Petition for Extension of Time for one month (\$120); IDS fee (\$180)		\$300.00

**SUBMITTED BY**

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. 45744 (Attorney/Agent)	Telephone (626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi		Date July 15, 2008

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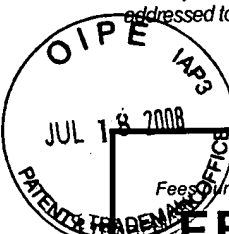
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By Marilyn R. Khorsandi  
Marilyn R. Khorsandi  
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*Alexandra Allison*  
Alexandra Allison



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# FEE TRANSMITTAL

## For FY 2008

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	Examiner Name	Jamisia A. Plucinski
	Art Unit	3629
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>Attorney Docket No.</b>	<b>PSTM0002/MRK/STM</b>

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Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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\$300.00

#### SUBMITTED BY

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. (Attorney/Agent)	45744	Telephone	(626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi	Date	July 15, 2008		